



Section: Remittance Advice

7.7 Provider Adjustments/Legend Page

The final page of the RA (Provider Adjustments/Legend) consists of provider adjustments and a summary of all claims that were paid/denied and suspended. Provider Adjustments can be any of the following: creation of a receivable, payoff of a receivable, extra payment, IRS withholdings, or Deferred Compensation withholdings. Claim voids and advance payments create new receivables, which will be paid off later or on this cycle. Extra payments are usually refunds from providers who are repaying DOM for receivables; specifically the refund exceeded the Medicaid payment for the specific claims. A positive amount is the creation of a receivable (money owed by the provider to the state) to be paid off either now or in the future. A negative amount is the payoff of a new receivable, existing receivable, or a withholding of some sort.

Field	Field Name	RA Field Description
1	Provider Adjustments	Provider level financial transactions; will only appear if adjustments have been applied to this RA. This is dollar amount withheld from the total payment.
2	Claim Totals	Totals for all categories of the RA
3	Status	Claims transactions during weekly payment cycle
4	Count	Total number of claim lines specific to category
5	Submitted Amount	Amount submitted by the provider
6	Paid Amount	Amount paid by Medicaid
7	Outstanding Credit Balance	Total outstanding credit balance as of current RA date.
8	Exception Legend	A full description of any exceptions that showed up on this RA

Mississippi Medicaid Provider Billing Handbook

Provider Adjustments/Legend Page

DATE: 01/07/08
 PROVIDER NO: 00099999
 REMITTANCE: 09957711
 NPI NUMBER: 1234567890

MISSISSIPPI ENVISION MMIS
 DIVISION OF MEDICAID
 REMITTANCE ADVICE
 PROVIDER ADJUSTMENTS/LEGEND

PAGE: 00000026
 RPT PAGE: 000123109
 REMIT SEQ: 00005915

(1)	PROVIDER ADJUSTMENTS: CS Adjustment	RECIVABLE-CLAIM PAYMENT	2008-01-08	15.36
	WO Overpayment Recovery	RECOUPMENT-CLAIM PAYMENT	2008-01-08	-15.36
	TL Third Party Liability	REDUCTION - DEF. COMPENSATION	2008-01-08	-433.27

(2)	(3)	(4)	(5)	(6)
CLAIM TOTALS	-----STATUS-----	---COUNT---	--SUBMITTED AMT---	-----PAID AMT----
	ORIGINAL PAID	96	14,434.00	3,622.63
	CREDIT ADJUSTMENTS	27	5,846.00-	1,619.61-
	DEBIT ADJUSTMENTS	25	5,686.00	1,619.61
	VOIDS	1	19.71-	15.36-
	=====	=====	=====	=====
	APPROVED SUBTOTAL		14,274.00	3,622.63
	SUSPENDED	11	1,060.00	
	DENIED	26	3,235.00	
	=====	=====	=====	=====
	CLAIM PROCESSED TOTAL		18,569.00	3,622.63
	PROVIDER ADJUSTMENTS			433.27-
	=====	=====	=====	=====
	PAYMENT TOTAL			3,189.36
(7)	OUTSTANDING CREDIT BALANCE AS OF 01/07/2008		0.00	

ADJUSTMENT SUBTOTALS	-FIRST QUARTER---	-SECOND QUARTER--	--THIRD QUARTER--	-FOURTH QUARTER--
CREDIT ADJUSTMENTS 07	0.00	73.30-	11.08-	1,319.40-
CREDIT ADJUSTMENTS 06	0.00	0.00	190.65-	25.18-
DEBIT ADJUSTMENTS 07	0.00	73.30	11.08	1,319.40
DEBIT ADJUSTMENTS 06	0.00	0.00	190.65	25.18
--- END OF REMITTANCE FOR PROVIDER 00099999 ---				

(8)	EXCEPTION LEGEND: 0238	SUBMITTED UNITS EXCEED MAXIMUM ALLOWED UNITS
	3708	PHYSICIAN OFFICE VISIT SERVICE LIMIT EXCEEDED
	0104	EXACT DUPLICATE CLAIM
	0143	BENEFICIARY NOT ELIGIBLE OR NOT FOUND
	3075	SERVICES NOT COVERED FOR SLMB/QI1/QI2 BENEFICIARIES
	0142	BENEFICIARY NOT ELIGIBLE - RECYCLE